

FIG. 1

FIG. 2A

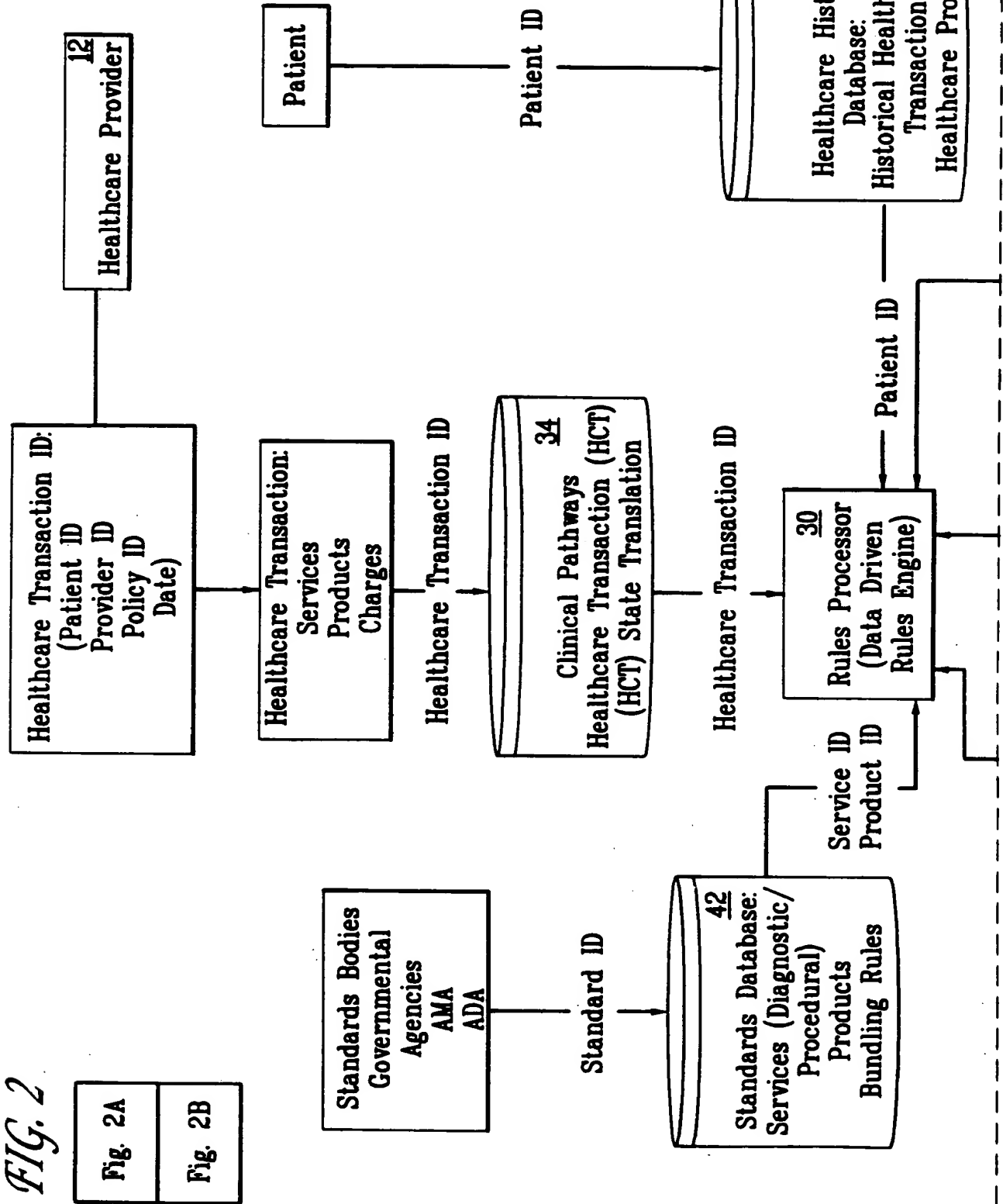


FIG. 2

Fig. 2A
Fig. 2B

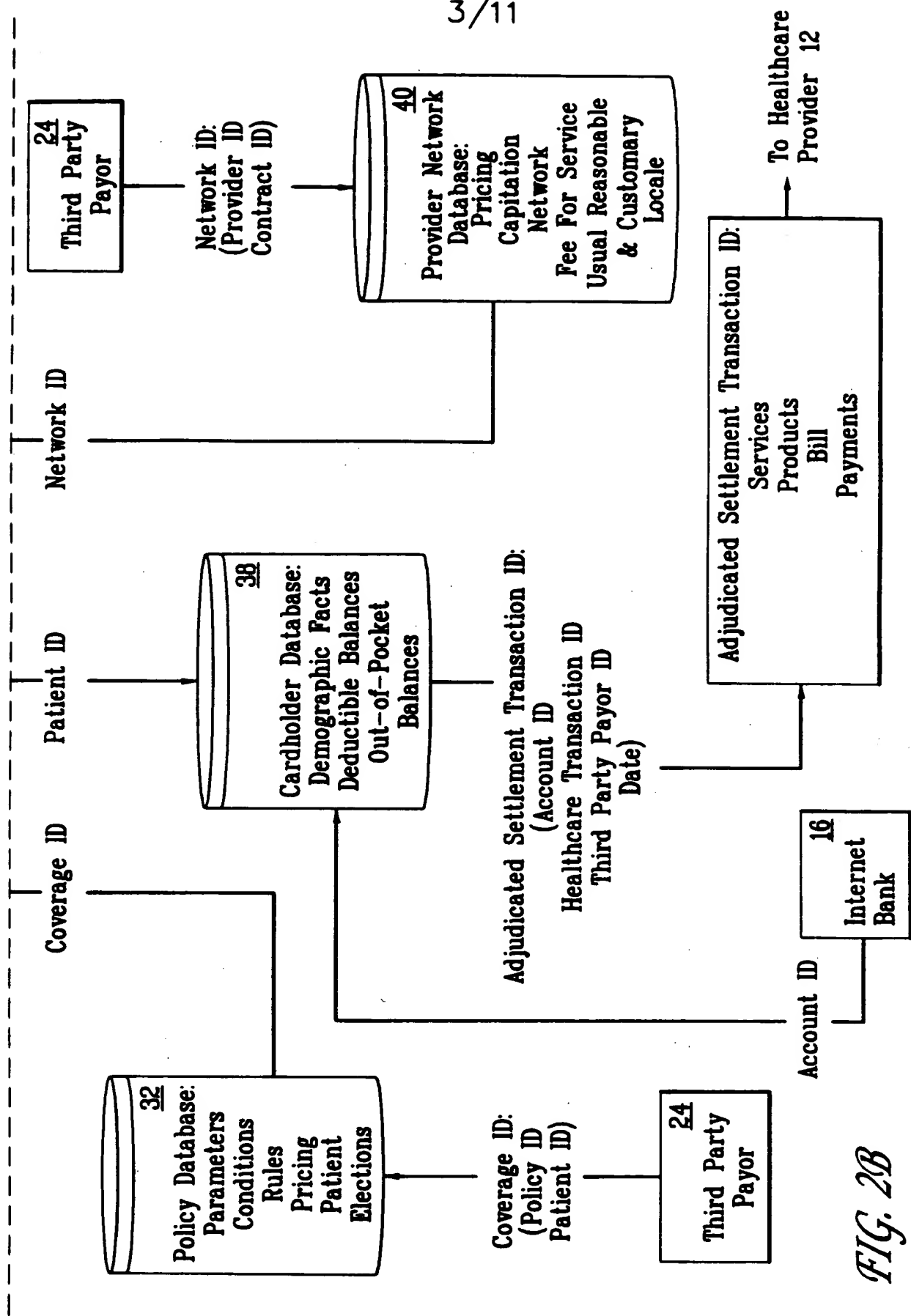


FIG. 2B

4/11

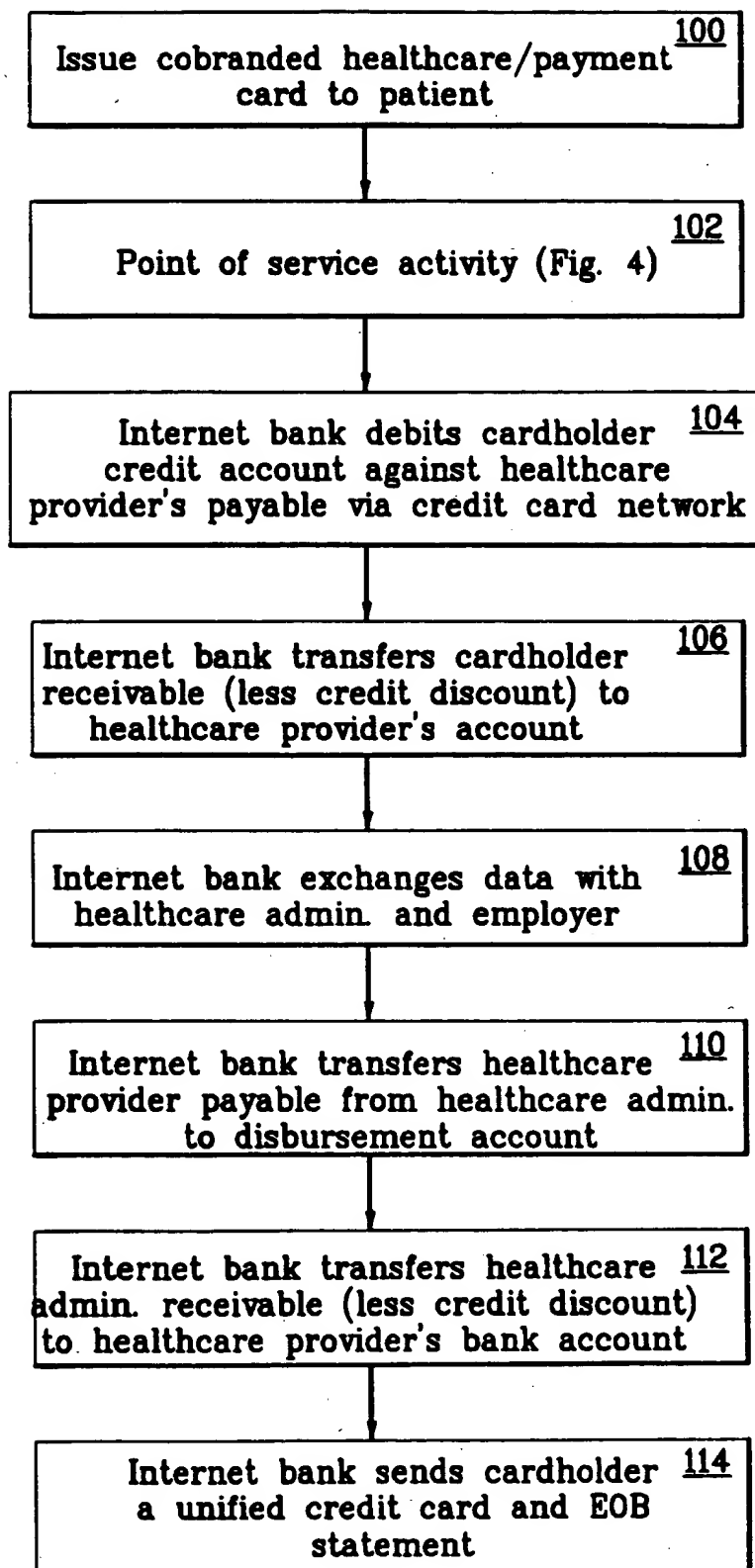


FIG. 3

5/11

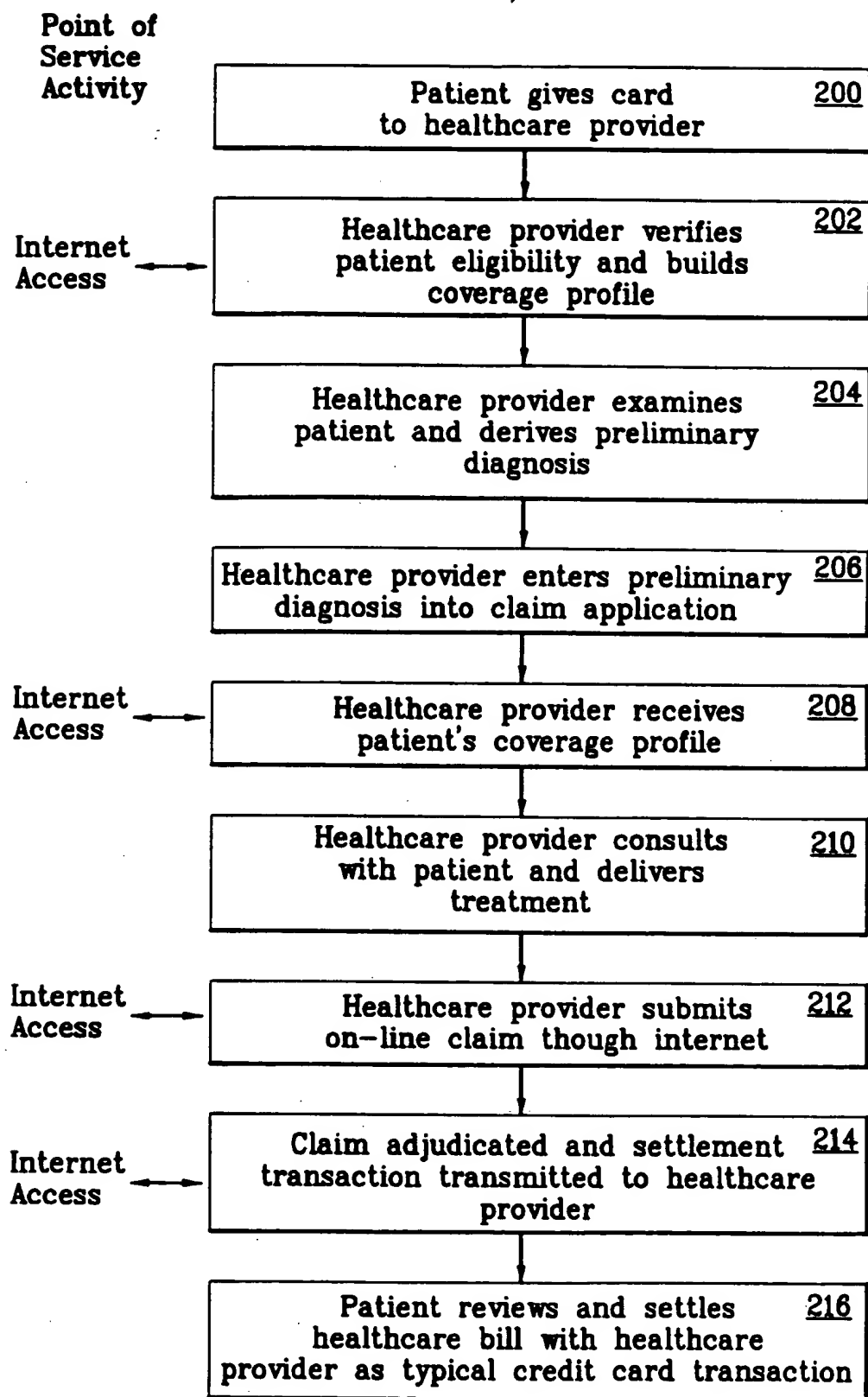


FIG. 4

ACCOUNT NUMBER	CREDIT LIMIT	SPENDING CREDIT	REPORTING BALANCE	REPORTING BALANCE	REPORTING BALANCE	STANDARD BALANCE	STANDARD BALANCE	STANDARD BALANCE	CYCLE START DATE	CYCLE END DATE	POSTING END DATE
9943-0392-1582-4711	8000	901	83	2684	1045	3366	29		10/23/1997	11/20/1997	12/10/1997

ACCOUNT SUMMARY		
PREVIOUS BALANCE		7791.80
MEDICAL PURCHASES	+	1375.00
CASH ADVANCES	+	300.00
STANDARD PURCHASES	+	2588.84
CREDITS	-	42.41
PAYMENTS	-	5000.00
LATE CHARGES	+	0.00
FINANCE CHARGES	+	87.88
NEW BALANCE	=	7087.88

# SUMMARY OF ACTIVITY

INSURED	DATE	DESCRIPTION	OWED	PAID ON VISA	POSSIBLY DUE	QUICK PAY #	NOTES
SAMANTHA SMITH (01)	10/14/97	KLEIN, EDWARD, MD	112.00	640.00			\$80 OVERPAY
	10/15/97	PRINCETON MEDICAL CTR	110.00	0.00	110.00	405	
	10/30/97	KLEIN, EDWARD, MD	64.00	350.00			\$30 OVERPAY
JOHN SMITH (02)	10/14/97	DR MORGENSTERN, DDS	350.00	350.00			
	10/29/97	WANG, GEORGE, MD	140.00	15.00	125.00	406	

# EXPLANATION OF BENEFITS

PATIENT INFORMATION				YOUR RESPONSIBILITY							TOTAL	SEE NOTES	PAYMENT
DATE OF SERVICE	DESCRIPTION OF SERVICE	AMOUNT BILLED	AMOUNT ALLOWED	DEDUCT-IBLE	CO-INS.	CO-PAY	EXCLUDED EXPENSES						
SAMANTHA SMITH (01)													
CLAIM# 9710241335435-560229		KLEIN, EDWARD, MD											
10/24/97	TELEPHONE CALL	50.00	0.00	0.00	0.00	0.00	0.00	0.00	1064		0.00		
10/24/97	INITIAL CONSULT	75.00	75.00	0.00	15.00	0.00	0.00	15.00	2047		60.00		
10/24/97	COLLECT VENOUS BLOOD	30.00	0.00	0.00	0.00	0.00	0.00	0.00	1034		0.00		
10/24/97	PITUITARY GONADOTROP	85.00	85.00	0.00	17.00	0.00	0.00	17.00	2047		68.00		
10/24/97	PITUITARY GONADOTROP	85.00	85.00	0.00	17.00	0.00	0.00	17.00	2047		68.00		
10/24/97	RIA ASSAY OF ESTRADIOL	70.00	70.00	0.00	14.00	0.00	0.00	14.00	2047		56.00		
10/24/97	ASSAY PROGESTERONE	70.00	70.00	0.00	14.00	0.00	0.00	14.00	2047		56.00		
10/24/97	ECHOGRAPHY, TRANS	175.00	175.00	0.00	35.00	0.00	0.00	35.00	2047		140.00		
CLAIM TOTAL		640.00	560.00	0.00	112.00	0.00	0.00	112.00			448.00		
OHB VISA TRANSACTION 1032 ON 10/24/97								640.00					
CLAIM# 9710251685435-938273		PRINCETON MEDICAL CENTER											
10/25/97	OUT-PATIENT SERVICES	1292.82	550.00	0.00	110.00	0.00	0.00	110.00			440.00		
CLAIM TOTAL		1292.82	550.00	0.00	110.00	0.00	0.00	110.00			440.00		
CLAIM# 9711080398432-483984		KLEIN, EDWARD, MD											
11/08/97	OFFICE VISIT	75.00	75.00	0.00	15.00	0.00	0.00	15.00	2047		60.00		
11/08/97	ECHOGRAPHY, TRANS	175.00	175.00	0.00	35.00	0.00	0.00	35.00	2047		140.00		
11/08/97	ASSAY PROGESTERONE	70.00	70.00	0.00	14.00	0.00	0.00	14.00	2047		56.00		
11/08/97	COLLECT VENOUS BLOOD	30.00	0.00	0.00	0.00	0.00	0.00	0.00	1034		0.00		
CLAIM TOTAL		350.00	320.00	0.00	64.00	0.00	0.00	64.00			256.00		
OHB VISA TRANSACTION 1033 ON 11/08/97								350.00					
SAMANTHA'S TOTAL		2282.82	1430.00	0.00	286.00	0.00	0.00	286.00			-1144.00		
JOHN SMITH (02)													
CLAIM# 9711014930293-839434		DR. MORGENSTERN, DDS											
11/01/97	CROWN REPLACEMENT	1500.00	500.00	250.00	100.00	0.00	0.00	350.00			150.00		
CLAIM TOTAL		1500.00	500.00	250.00	100.00	0.00	0.00	350.00			150.00		
WWW.ONEHEALTHBANK.COM INTERNET VISA TRANSACTION 1034 ON 11/06/97								350.00					
CLAIM# 9711100948372-583943		WANG, GEORGE, MD											
11/10/97	OFFICE VISIT	80.00	75.00	0.00		15.00	0.00	15.00			60.00		
11/10/97	RHYTHM ECG, TRACE	125.00	125.00	0.00		0.00	125.00	125.00			0.00		
CLAIM TOTAL		205.00	200.00	0.00	0.00	15.00	125.00	140.00			60.00		
OHB VISA TRANSACTION 1035 ON 11/10/97								15.00					
JOHN'S TOTAL		1705.00	700.00	250.00	100.00	15.00	125.00	490.00			210.00		
FAMILY TOTAL													
		3987.82	2130.00	250.00	386.00	15.00	125.00	776.00			1354.00		

FIGURE 6

7/11

8/11

Healthcare Provider Name  
and Address

Third Party  
Payor Name

Name	Swati Lele
Date	2/10/1998
Card Number	4332-3011-3020-001
Expiration Date	6/99
Authorization Code	234556

Transaction Date	Posting Date	CPT Code	CPT Description	Amount
02/10/1998	02/10/1998	09142	Consultation	500

Description	Amount
Services Rendered Charges	500
Lab Charges	100
Copay Charges	20
Total Charges	620
Amount paid by patient	20
Amount paid by insurer	600
Net Charges	0

44

46

Authorized Signature X

*FIG. 7*



FIG. 8

9/11

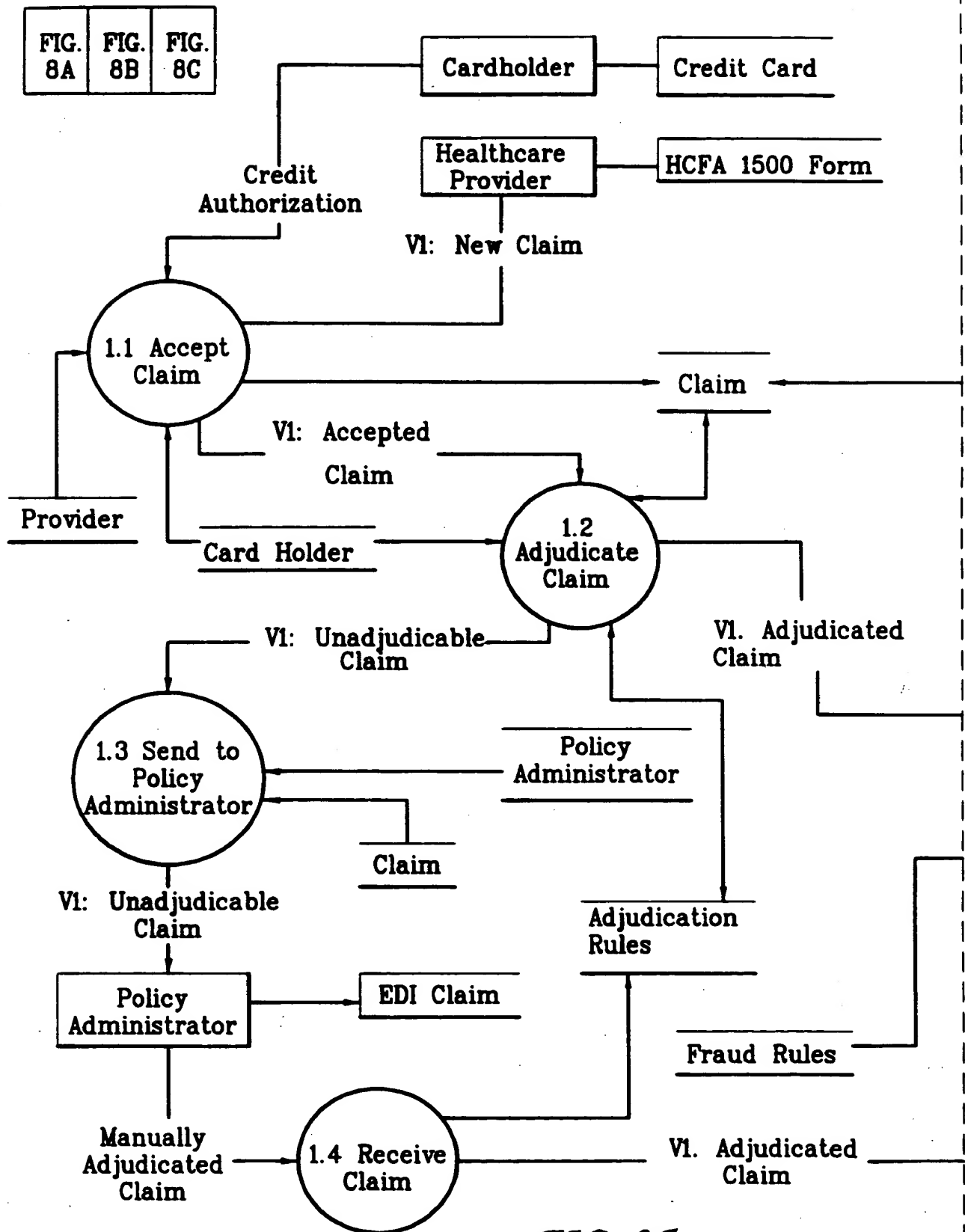
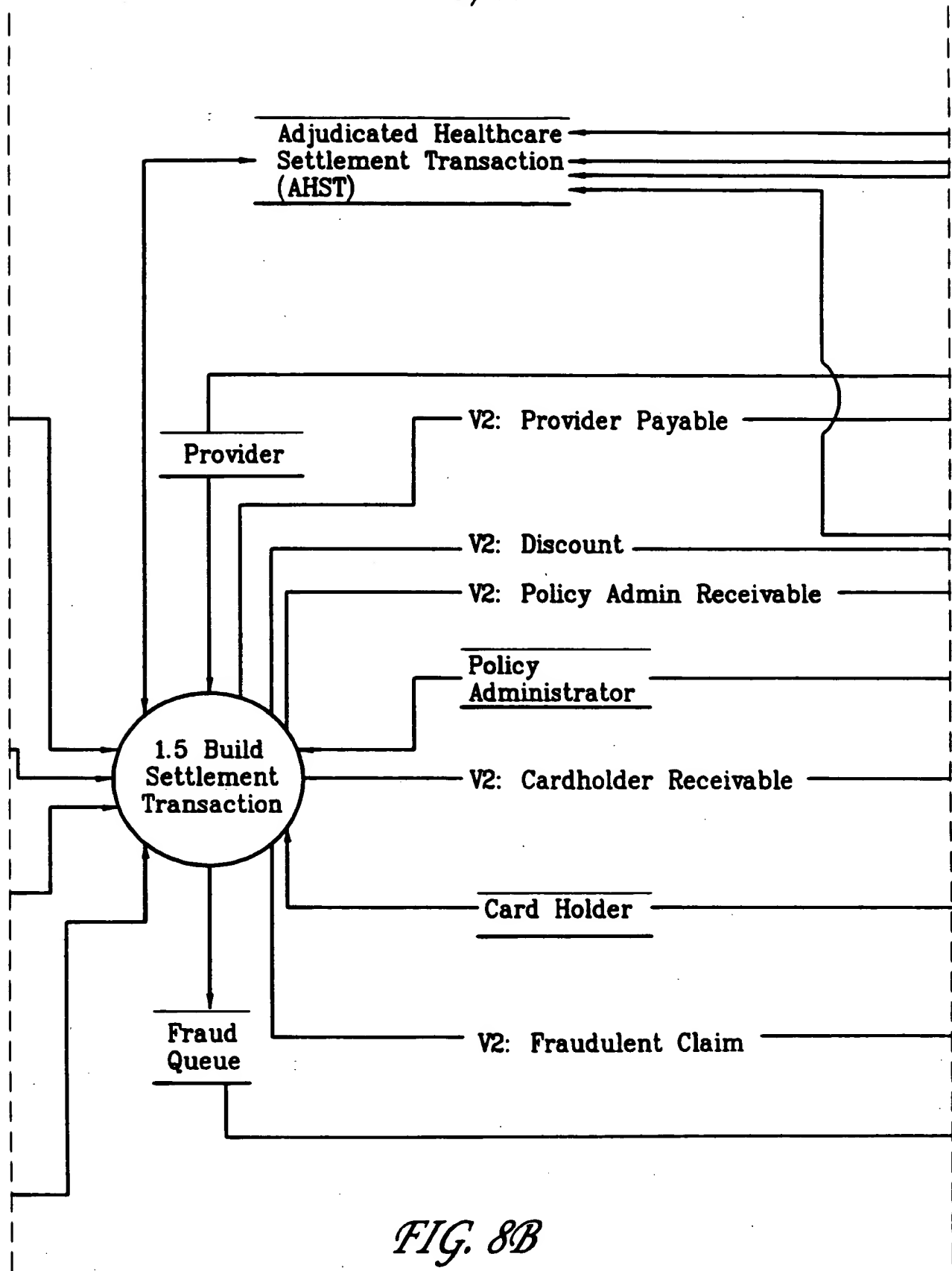


FIG. 8A

10/11



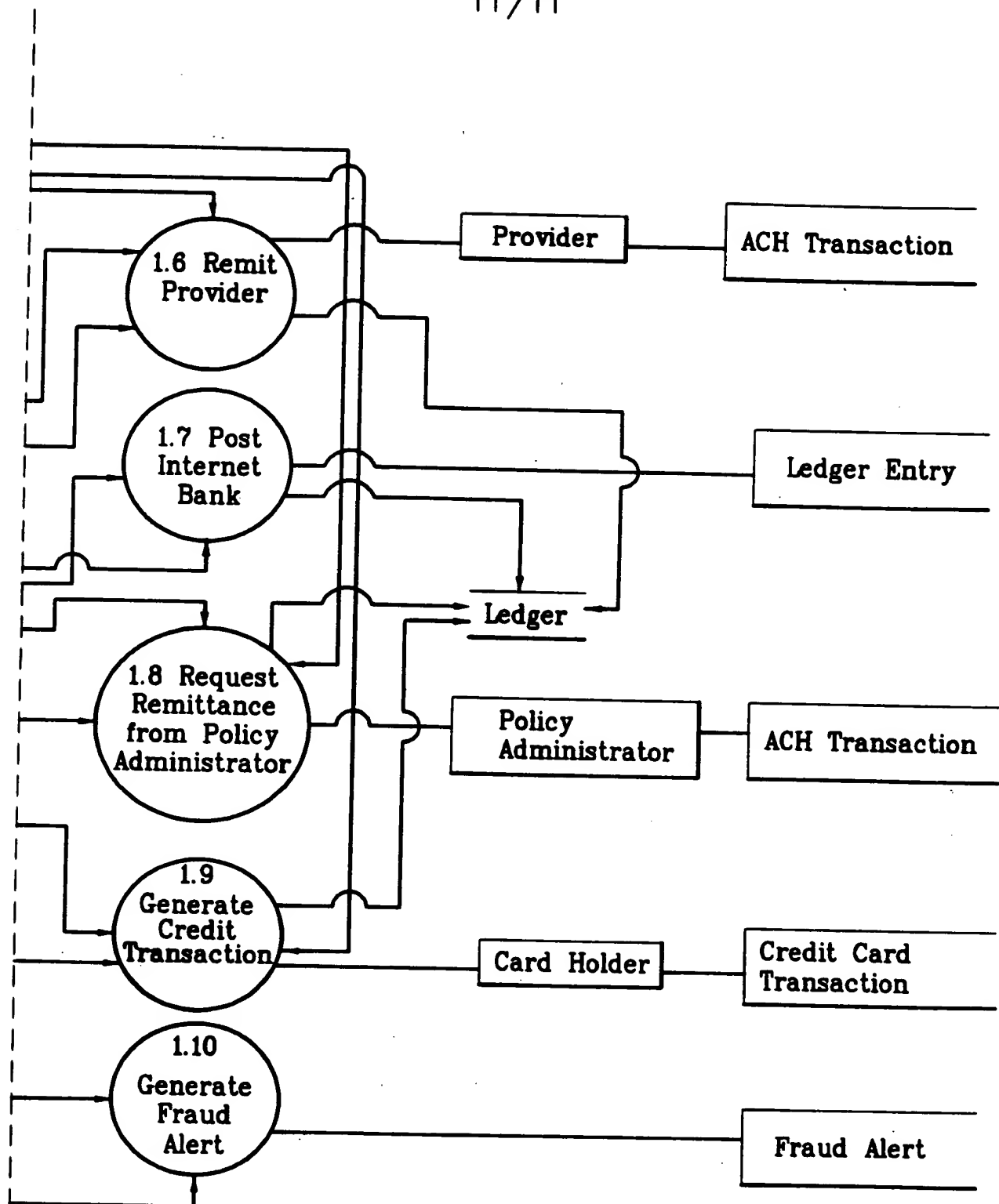


FIG. 8C